

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		4		/		
6		4		/		
7		4		/		
8		4		/		
9		4		/		
10		4		/		
11		4		/		
12		4		/		
13		4		/		
14		4		/		
15		4		/		
16		4		/		
17		4		/		
18		4		/		
19		4		/		
20		4		/		
21		4		/		
22		4		/		
23		4		/		
24		4		/		
25		4		/		
26		4		/		
27	/		/			
28		/		/		
29		/		/		
30		3		/		
31		3		/		
32		3		/		
33		3		/		
34		3		/		
35		3		/		
36		3		/		
37		3		/		
38		3		/		
39		3		/		
40		3		/		
41		3		/		
42		3		/		
43		3		/		
44		3		/		
45		3		/		
46		3		/		
47		3		/		
48		3		/		
49		3		/		
50		3		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		/		
52		3		/		
53		3		/		
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						